



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 201278	MISS JASPER SHERIFF	DATE OF INSPECTION 4-23-09
LOCATION OF INSTRUMENT (STREET AND CITY) 405 E. 5th Carthage, Mo 64836		TIME OF INSPECTION 11:41

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ **DIAGNOSTIC CHECK (PRINTOUT ATTACHED)**

☒ **COMPUTER** **OK**

☒ **DETECTOR** **OK**

☒ **PROGRAM** **OK**

☒ **FILTERS** **OK**

☒ **HEATERS SAMPLE CHAMBER** **49 °C**

☒ **QUARTZ STANDARD** **OK**

☒ **FLOW DETECTOR** **OK**

☒ **CALIBRATION** **OK**

☒ **PUMP HIGH SPEED** **OK**

☒ **PRINTER** **OK**

☒ **INDICATOR LIGHTS** **OK**

☒ **TIME AND DATE** **4-23-09 1141 hrs**

☒ **SIMULATOR TEMPERATURE (34 °C ± 0.2 °C)** **34 °C**

☒ **CALIBRATION CHECK -**

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ **0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE**

☐ **0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE**

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☒ **.097**

TEST 2 ☒ **.098**

TEST 3 ☒ **.098**

☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

☒ **NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS 6	(0-.04) 8	(.05-.09) 4	(.10-.14) 9	(.15-.19) 1	(Over .19) 0
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Operating Within MoDHS Standards

Repeo Lot # 08001 Bottle # 0361 Exp. 8-11-09 .10% BAC

INSPECTING OFFICER

SIGNATURE
LT. Nathan K. McDonald

PRINT NAME

LT. NATHAN K. McDONALD

TYPE II PERMIT NUMBER/EXPIRATION DATE

820091 3/10/2010

TELEPHONE NUMBER

(417) 358-8177

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

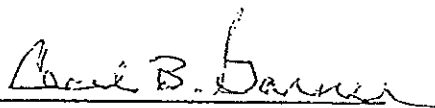
Random samples of lot number 08001 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .10 percent BAC +/- 2% or .002 BAC (whichever is greater).

The expiration date for this lot number is August 11, 2009 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.


Cecil B. Garner, President
RepCo Marketing, Inc.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



NATHAN MCDONALD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 03/10/08

Number 820091

Expires 03/10/2010

MO 580-0771 (7-88)

Eric C. Polak
Director of State Public Health Laboratory

[Signature]

Director, Department of Health

Lab. 4 (R7-88)